Sample Infant Feeding Plan

The information you provide below will help us to do our very best to respect your feeding practices and help your baby grow and thrive.



| 'hild's namo: | | | | | | |
|---|---------------------|--------------------------|-----|------|----------------|--|
| | Child's name: | | | day: | mm / dd / yyyy | |
| Parent/Guardian's name(s): | | | | | | |
| BE COMPLETED BY | <u> PARENT</u> | | | | | |
| d you receive a copy o | of our Breastfeedi | ng-Friendly Policy? | Yes | No | | |
| t home my baby drinks | s (Check all that a | oply): | | | | |
| Breast milk from: | □ Mother □ Bo | tle □ Cup □Other | | | | |
| Formula from: | 🗆 Bottle 🛛 Cu | p 🗆 Other | | - | | |
| Cow's milk from: | □ Bottle □ Cu | p 🗆 Other | | | | |
| dditional details: ow does your child sho | ow you that s/he is | hungry? | | | | |
| ow often does your chi | ild usually feed? | | | | | |
| ow much does your ch | ild usually drink a | t each feeding (ounces)? | | | | |
| las your child started eating solid foods? f yes, what foods is s/he eating: | | | Yes | No | | |
| | eating solid foods | | | | | |



This information has been adapted from the "Breastfeeding-Friendly Child Care Initiative" of the Carolina Global Breastfeeding Institute/UNC Gillings School of Global Public Health.

| Chi | ild's | nam | ıe. |
|-----|-------|-----|-----|
| | 10.0 | nun | iC. |

Birthday:

m m / d d / y y y y

| | Frequency of feedings | Approximate amount per feeding | Will you bring from home? (must be labeled and dated) | Details about | feeding |
|----------------------|--------------------------|-----------------------------------|---|-----------------|---------------------|
| Mother's Milk | | | | | |
| Formula | | | | | |
| Cow's milk | | | | | |
| Cereal | | | | | |
| Baby Food | | | | | |
| Table Food | | | | | |
| Other | | | | | |
| (describe) | | | | | |
| uld like you to take | use the t give a bo | minutes before my arri | use the pacifier yo other Specify: val time. ade any needed changes or o | | |
| Teacher Signati | ure: | Par | ent Signature | | |
| Date | Change to Feedi | ng Plan (must be recorded | d as feeding habits change) | Parent Initials | Teacher Initials |
| | | | | | |
| Any changes mu | st be noted above | and initialed by both the | e teacher and the parent. | | |
| | | | | | |

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